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TB CARE I

TB CARE I - Vietnam

**Year 3
Annual Report Quarter 4 Annex
July-September 2013**




October 30, 2013



Quarterly Overview




Reporting Country	Vietnam
Lead Partner	KNCV
Collaborating Partners	MSH, WHO
Date Report Sent	
From	Nguyen Thien Huong
To	Nguyen Thi Minh Ngoc, Pham Huy Minh
Reporting Period	July-September 2013






Technical Areas	% Completion
1. Universal and Early Access	100%
2. Laboratories	93%
3. Infection Control	100%
4. PMDT	100%
5. TB/HIV	50%
6. Health Systems Strengthening	100%
7. M&E, OR and Surveillance	100%
8. Drug supply and management	88%
Overall work plan completion	91%





Quarterly Activity Plan Report




1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Management of IPT for children	KNCV	6.500	 100%	Sep	2013	The new strategy of management of TB in children has been implemented successfully in 4 pilot provinces. By the end of June 2013, in 4 piloted provinces of the Project, 2,808 children having close contact with patients who are AFB (+) were screened and registered for the management. Of these children, 1,025 children are eligible for Isoniazid prophylaxis (IPT), and 45 children (0.02%) have signs of TB who were suspected and moved to a higher level for TB diagnosis. Among children eligible for IPT, 702 children (68.5%) are agreed by their families to participate in the IPT.
	1.2.2	Training on TB in children	KNCV	11.675	 100%	Feb	2013	This activity has been completed in the previous quarter
	1.2.3	Coordination, monitoring and supervision for pilot implementation of management of TB in children in 4 provinces	KNCV	41.060	 100%	Sep	2013	All four piloted provinces have been visited by NTP at central, NTP at provincial, KNCV and partners to monitor and supervise the implementation at provincial, district and commune level. In August, the monitoring visit by the international pediatrics consultant was conducted in 2 provinces Hanoi and Thai binh) in the period of August 4-11, 2013






1.2.4	TA - Pediatrician - Steve Graham	KNCV	20.100	 100%	Sep	2013	The 2nd TA mission of Prof Steve Graham - Pediatric TB consultant was conducted in August 2013, to monitor the progress of the implementation of management in TB in children in Thai Binh and Hanoi, focusing on 1) the implementation of child TB contact screening and management at the communal health care level, and 2) supporting and improving clinical diagnosis of children with suspected TB at the district hospital level. The mission has found out: in overall, the efforts to implement contact screening and IPT in these two provinces are encouraging, especially in Thai Binh province. The recording and reporting is very good in Thai Binh province. Staff at the DTUs and CHC appeared to have a good understanding of the rationale for and practice of IPT and new approach. However, some more challenges in this operation were found out such as: (i) some errors are being made in recording and reporting especially in Hanoi; (ii) parents still find it difficult to accept the need for IPT and uptake is variable and seems to depend on conviction of the communal health worker; (iii) staff at the CHC report that communication to the family can be time-consuming; (iv) there have more cases of suspected TB among child contacts being identified in Thai Binh than Ha Noi; (v) diagnostic challenges remain such as diagnosis of lymph node disease; and (vi) IEC materials have been developed and are ready for printing. The summary and full mission report have been shared with all stakeholders and available on eRoom.
1.2.5	Evaluate new strategy for TB in children	KNCV	20.000	Cancelled	Sep	2013	NTP has requested to cancel this activity for re-training on implementation of the management of TB in children for HCWs at district and commune levels.
1.2.6	Updating of national guideline on TB control in congregate settings	KNCV	8.146	 100%	Sep	2013	A workshop to discuss and finalize the first draft of the National Guideline on the management of TB/HIV/MDR in congregate settings was organized on 30 September 2013 with 12 participants from NTP, Ministry of Public Security, VAAC, Pham Ngoc Thach hospital, Xuan Loc prison (Dong Nai province). The guideline is being further finalized and expected to be complete in October 2013, then submitting to the Ministry of Health before printing and distributing to relevant units across the country. The remaining activities will be carried over to APA4 in quarter 4 2013.
1.2.7	Updating of training materials for collaborative TB/HIV/MDR TB management in prisons	KNCV	8.864	Cancelled	Sep	2013	The training materials will be updated following by the finalization of the national guideline by other funding source.






1.2.8	Development of IEC materials for management of TB in children	KNCV	6.497	 100%	Sep	2013	The final draft of IEC materials (01 leaflet and 01 poster) were approved by NTP. 554,400 leaflets and 12,750 posters were printed and widely available to provincial and district levels of 25 provinces implementing the new strategy on TB management in children in 2012-2014 period.
1.2.9	Development of tools for clinical screening (interview form, register, report format)	KNCV	3.077	 100%	Sep	2013	Tools for clinical screening has been included in the updated national guidelines and training materials (#1.2.6 & 1.2.7).
1.2.10	Training of staff of NTP, MPS in 2 pilot prisons	KNCV	5.760	Cancelled	Sep	2013	This activity is cancelled due to delay in updating/developing the national guidelines and training materials (#1.2.6 & 1.2.7). Updated guidelines and training materials by TB CARE I will be implemented with GF budget.
1.2.11	Development of model for transitional care	KNCV	7.591	Cancelled	Sep	2013	The model for transitional care was initially developed during the workshop in Thanh Hoa in April. However, this activity is not an priority for NTP in this period and was cancelled.
1.2.12	Implementation in 2 pilot prisons	KNCV	5.360	Cancelled	Sep	2013	This activity is cancelled due to delay in developing the national guidelines and training materials (#1.2.6, #1.2.7 and #1.2.11) and will be implemented with GF budget.
				 100%			



2. Laboratories			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients	2.1.1	Trainings for lab staff for improve work practice	KNCV	11.733	 100%	Aug	2013	The trainings on improved lab management and bio-safety were conducted in the last three MDR-TB labs of Tien Giang (July 8-12), Binh Thuan (July 15-19), and Thanh Hoa (August 12-16). A total number of 72 lab technicians in these three labs were trained and practiced on improved work practice and lab management, of whom 28 male and 44 female.
	2.1.2	Ensure availability of specimen packaging material at 47 sites	MSH	10.080	 100%	Sep	2013	
	2.1.3	Support NTP for transportation of specimen from sentinel to referral sites	MSH	15.000	 25%	Sep	2013	Post Office has not accepted to transport TB specimen yet. So only 7 pilot sites use privated courier service.
	2.1.4	Provide technical support at provincial and district level for specimen referral system	MSH	14.506	 100%	Sep	2013	
	2.1.5	Provide technical support to NTP in strengthening of MIS for specimen referral system	MSH		Cancelled	Sep	2013	This activity is moved to APA 4
	2.1.6	Provide technical support to NTP for data collection, analysis, and reporting periodically	MSH		 100%	Sep	2013	




	2.1.7	Support NTP to disseminate the report on specimen referral to all relevant partners on a periodically	MSH		 100%	Sep	2013	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.2 Ensured the availability and quality of technical assistance and services	2.2.1	Technical assistance	KNCV	10.140	 100%	Aug	2013	The technical assistance on laboratory system by Senior microbiological consultant (Dr. Sang Jea Kim) was conducted on August 11-17, 2013 to review and evaluate the training and implementation of LED FM, and the laboratory services including biosafety practices, culture and DST for the diagnosis and treatment follow-up of drug susceptible and drug resistant TB (MDRTB) at the laboratories of Pham Ngoc Thach Hospital, Binh Dinh Hospital, and K74 Hospital. The mission has observed a number of laboratory operational issues such as: (i) the collection of one spot sputum only for those who can not provide additional home sputum, in stead of two sputum, (ii) there sputum specimens for each treatment follow- up month, (iii) unclear recording between the diagnostic and follow-up smears in the lab registers, among others. Accordingly, the mission provided recommendations for that, and also strong recommendations for ensuring the proficiency in using LED FM before putting it to replace the conventional microscopy for three vistied laboratories.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	2.3.1	LED FM implementation in 10 districts in HCMC (APA2) and 2 MDR-TB centers	KNCV	12.000	 100%	Sep	2013	After the training on LED FM implemenation for lab technicians in HCMC (PNT Hospital), another training for lab technicians in 2 other MDR-TB centers of K74 and Binh Dinh has completed in this quarter. In total, 29 lab technicians (15 male, 14 female) have been trained on this LED FM implementation. All 10 districts in HCMC and 2 MDR TB centers has started using LED FM with external quality control made at the same time.
	2.3.2	Xpert MTB\RIF pilot implementation in 17 sites: trainings	KNCV	5.040	 100%	May	2013	Training on the implementation of GeneXpert in Tay Ninh province where the GeneXpert machines revoked from National Hospital of Pediatrics is now located, has been conducted with 37 participants (16 male and 21 female) from all DTUs and OPCs of Tay Ninh.









	2.3.3	Xpert MTB\RIF pilot implementation in 17 sites: Operations	KNCV	201.198	 100%	Sep	2013	The operation of GeneXpert in all sites have been on track: the machines are running, reports on the test and the use of cartridge are made monthly and communication on any troubles is making internally in NTP network as well as with local provider's engineer. As of August 2013, 6510 MDR TB and TB suspects have been tested by Xpert MTB/RIF, including PLWH and children suspected of TB, in which 3120 (48%) are TB (+), 994 (15.3%) are TB(+)/R(+). - Monthly meetings of the GeneXpert TWG including members from NTP and TB CARE I partners have been regularly held to review GeneXpert implementation progress and provide recommendation and advice on problem solving for technical and operational issues
	2.3.4	Xpert MTB\RIF pilot implementation in 17 sites: Technical assistance	KNCV	11.430	 100%	Sep	2013	The calibration for 16/17 geneXpert systems under TB CARE I has been completed as of Sep 30, of which 2 out of 64 modules failed: one under the warranty period and one beyond the warranty period. The Project has been procuring one module for the one beyond warranty period. With an aim to build capacity for technical assistance within NTP for the implementation and roll-out of Xpert MTB/RIF substantively and to reduce cost for services of calibration, troubleshooting, and maintenance, TB CARE I has worked and agreed with NTP to establish and build capacity for the GeneXpert technical support group within NTP. This is the first layer in the technical assistance to deal with commonly seen problems, trouble shooting and calibration for GeneXpert of TB CARE I and of NTP network as a whole. A 3-day advanced training course on GeneXpert has been organized with the trainer from Cepheid (France) on Sep 18-20 for 25 trainees (21 lab technicians from NTP, 4 from KNCV, MSH and OUCRU), including 13 male and 12 female.
					 93%			







3. Infection Control			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Introduction of a framework to plan, implementation and scale-up TBIC activities at country, facility and community levels	KNCV	6.350	 100%	Sep	2013	The translation of this framework has been completed and the document is being reviewed by a NTP\TBIC ex-focal person (Dr. Pham Hoang Yen). The remainign activities will be carried over to APA4.
	3.2.2	Improved TBIC condition for health care facilities at district level in PMDT treatment sites	KNCV	8.000	 100%	Sep	2013	The renovation work for improving the TBIC conditions as per the approved design for DTUs of District 6, 11 and 3 in Ho Chi Minh City has been completed. The sputum collection area of Hanoi Lung Hospital and Tay Ninh TB and Lung Disease hospital have also been completed.
	3.2.3	Development of 2 IEC materials on TBIC (cough etiquette, posters, flyers)	KNCV	17.797	 100%	Sep	2013	The final draft of IEC materials on TBIC (01 leaflet and 01 poster) were approved by NTP and the printing of these 2 information, communication and education materials finalized, namely "Four things to be done by TB patients to protect family members and community" and "Things to be understood by TB patients to protect family members and community". 28,350 posters and 1,301,200 leaflets have been printed and distributed widely to TB control units at provincial, district and communal level across the nation.
	3.2.4	Distant and in-country technical assistance	KNCV	9.040	Cancelled	Sep	2013	This activity is cancelled.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1	Implement Recording and Reporting records for TBIC indicators in 63 TB hospitals	KNCV	963	 100%	Sep	2013	The follow-up to sites with incomplete data has been done and preliminary data analysis has been done. Preparations are underway for collecting these 4 TBIC indicators at district level.
					 100%			






4. PMDT			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR TB	4.1.1	Distant and in-country technical assistance	KNCV	43.388	 100%	Sep	2013	The second TA mission of KNCV HO consultant to Vietnam was conducted in August. At this mission, the consultant: (i) provided presentations and facilitation at the training on MDR cohort analysis and discuss the (new) WHO definitions for key staff from MDR treatment centres of Vietnam; visit PMDT site of Da Nang and its satellite site of Quang Nam to evaluate the linkage between these in the diagnosis, treatment and management of MDR TB patients. The mission report with suggestions on: (i) the follow up of Xpert and PMDT implementation in Vietnam, drug forecasting, drug security; (ii) the better coordination between treatment site and satellite sites in PMDT, among others
	4.1.2	Engagement of quasi-private providers at MDR treatment centers to collaborate with PMDT	KNCV	3.600	Cancelled	Sep	2013	This activity is cancelled in APA3 and carried over to APA4 under WHO activities
	4.1.3	Support e-TBM implementation at HCM Hospital Central Level and in all DR-TB sites	MSH	52.222	 100%	Sep	2013	HCM hospital had a great evolution on data entry, specially linked to case data. All patient flows from District units is being mapped through e-TB manager. Output from our last supervision visit was very positive regarding the tool usage, however, for the medicine information there are many problems to be addressed, beginning at Central Level, which compromises the whole flow of medicine management through e-TB manager in Vietnam. These problems were mapped and will be addressed during Q1 APA4.
	4.1.4	Update training materials, user manual, SOPs, and all system documentation related to e-TBM	MSH		 100%	Sep	2013	SOPs were translated into Vietnamese and will be published in e-TB manager forum. System's documentation is part of the technical IT support that should be provided by MSH's Head quarters during APA4. e-TB manager was fully transferred to local server.
	4.1.5	Explore solutions for potential data exchange with VITIMES system according to NTP information systems strategy	MSH		 100%	Sep	2013	Discussions were held and both systems will use the National identification card for integration. This is part of the customizations needed for e-TB manager. This activity will be completed during APA4.
	4.1.6	Provide support for overall e-TBM activity coordination/monitoring/planning/reporting	MSH		 100%	Sep	2013	e-TB manager coordination/monitoring/planning/reporting has improved during APA3, we still need to progress even more, especially with PMDT expansion new 28 Treatment Sites. New monitoring tools were shared with NTP staff and will be used as reference for upcoming APA4. Medicine management through e-TB manager needs a higher monitoring and supervision to be correctly used.

	4.1.7	Support the use of e-TBM for SLDs management; Develop tools for forecasting/quantification/distribution/consumption monitoring at site levels and central level; Revise SOPs for SLDs; Implement an indicators dashboard and regular reports; Implement electronic SLD dispensation module; Switch from paper based system to electronic reporting	MSH	13.868	 100%	Sep	2013	Medicine management has become a challenge with the different flows and especially with the difficulties faced for the transition from paper-based system into e-TB manager. During last quarter we've addressed all remaining problems and the expectation is to have all issues solved by the end of 2014. The goal is to use e-TB manager as source of information for a clearer picture of National's SLDs stock on hand and past consumption. MSH's new quantification tool, QuanTB, was presented and already used for analysis purpose by PMDT team.
					 100%			

5. TB/HIV								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
						Month	Year	
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1	Updating national guidelines on TB\HIV collaborative activities	KNCV	7.700	 50%	Sep	2013	The document is under development and it is expected that the document will be finalized in the first quarter of year 4, then submitting to Ministry of Health for approval before printing and distributing to relevant units across the country
	5.1.2	Updating of training curriculum and material for TB\HIV collaboration activities	KNCV	4.850	 50%	Sep	2013	The document is under development and it is expected that the document will be finalized in the first quarter of year 4, then submitting to Ministry of Health for approval before printing and distributing to relevant units across the country
					 50%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.1 TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners	6.1.1	Project coordination and management	KNCV	72.830	 100%	Sep	2013	Monitoring and supervision of all project activities has been carried out by KNCV staff in the Country Office. An Annual Review Meeting of TB CARE I Vietnam has been organized on Sep 26 to review all the project activities implementation, to share lessons and directly discuss and request issues in need of direction from NTP management board and TB CARE I PMU of NTP. The meeting was attended by representatives of all 14 project sites, representatives of TB CARE I partners, and related technical groups of NTP: supply management group, TB in children group, GeneXpert group and ACSM group. The Meeting has received alot of directions for all technical areas of the Project for better implemenation in the coming time.
	6.1.2	Advocacy workshops at national and provincial level to sustain TB national target programme and increase funding for TB	WHO	29.685	 100%	August	2013	2 provincial advocacy workshops organised, two more planned in Oct 2013
	6.1.3	Intense follow-up of health journalists to maintain high profile of TB in the media, especially in high burden provinces	WHO	28.900	Cancelled			
	6.1.4	Improve ACSM capacity of central and provincial NTP and communication center	WHO	45.941	 100%	June	2013	4 Provincial NTP's developing TB control action plan, carry-over to APA4
	6.1.5	Strengthen Vietnam STOP TB partnership so that it can better play its role as hub for communication and advocacy	WHO	19.594	 100%	Sep	2013	orgnizational analysis & draft communication plan, incl outline of STOP TB website, developped for further discussion with STOP TB advocacy group & NTP
	6.1.6	Coordination meetings among TB control partners	WHO	10.373	Cancelled			
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and	6.2.1	Policy dialogue a) drug quality and availability b) financing of TB diagnosis and care	WHO	10.961	 100%	Jul	2013	Policy dialogue on drug availabilityand need for regulation initiated (involving NTP, Drug Authority of VietNam (DAV) and WHO); policy dialogue for finacing of TB diagnosis and care: to be carried forward to APA4.
	6.2.2	Assessment and TA for development of aligned national GMP	WHO	26.856	 100%	Sep	2013	ToR developped, recruitment initiated , TA in Nov 2013
	6.2.3	Advocacy for GMP with local industry	WHO	16.860	 100%	June	2013	
	6.2.4	Provide technical support to NTP for TB supply chain strategy development	MSH	28.686	Cancelled	Sep	2013	
					 100%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	VITIMES: Distant and in-country technical assistance (the internet based TB surveillance tool , developed by the NLH in close cooperation with 2 local IT companies and TA by KNCV surveillance consultant)	KNCV	23.933	 100%	Sep	2013	The mission of TB surveillance consultant has been conducted in Sep. At this mission, the consultant has worked closely with relevant stakeholders in the development of surveillance system and data management manual, especially IT group in NTP to assess the practical situations of implementing recommendations from the previous mission. An outline of the next steps of the data management and development of the national routine TB surveillance system, and on other data management activities have been available.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operations research	7.3.1	Technical support for capacity building for OR	KNCV	29.507	 100%	Sep	2013	The 1st mission of TA for capacity building for OR has been completed in the 2nd quarter and the second mission of this TA is cancelled due to the delayed implementation of OR by NTP.
	7.3.2	OR on obstacles for women and children to access MDR-TB services	WHO	10.786	 100%	Sep	2013	analysis ongoing.
	7.3.3	OR on obstacles to access to health insurance for TB diagnosis and care	WHO	18.831	 100%	Sep	2013	draft report by December 2013 expected
	7.3.4	Support NTP to conduct supply chain assessment for TB related pharmaceuticals and supplies	MSH	44.388	 100%	Sep	2013	Because limited time, so in the end of Y3, assessment tools and protocol have just completed. The remaining steps of conducting the assessment in target provinces will be done in Y4.
					 100%			

8. Drug supply and management			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
8.1 Ensured nationwide systems for a sustainable supply of drugs	8.1.1	GeneXpert supply chain planning	MSH		 100%	Sep	2013	Since the beginning of implementation of GeneXpert, KNCV has provided technical support for GeneXpert supply chain system. This system is functioning well with no expired cartridges & no stock-outs so far.
	8.1.2	Procurement performance management	MSH		 100%	Sep	2013	
	8.1.3	Supply chain policies, procedures, and operational documents	MSH	2.500	 50%	Sep	2013	Support NTP develop the procedure and checklist on TB PSCM monitoring in site (but TAs only and didn't need to use any budget)
	8.1.4	Capacity building on pharmaceutical supply chain management	MSH	79.822	 100%	Sep	2013	Complete conducting 3TOTs, TAs trips in site, but participated no international PSCM trainings/ conferences
					 88%			

Total Approved Staffing & Operations Budget	561.011
Grand Total Approved Project Budget	1.800.000

6. TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Summary Mission Report submitted to CD & PMU	Additional Remarks (Optional)
1	KNCV	1.2.3 (1st visit)	Stephen Michael Graham - Associate Professor of International Child Health, University of Melbourne Department of Paediatrics - External consultant for TB in children	Provide TA in introduction and evaluation of new strategy for TB in children in 4 pilot provinces	Q1 2013	Completed	11-21 March 2013		
2	KNCV	1.2.3 (2nd visit)	Stephen Michael Graham - Associate Professor of International Child Health, University of Melbourne Department of Paediatrics - External consultant for TB in children	Provide TA in introduction and evaluation of new strategy for TB in children in 4 pilot provinces	Q3 2013	Completed	August 5-9, 2013		
3	KNCV	1.2.5, 1.2.6, 1.2.8	Agnes Gebhard - KNCV senior consultant	Provide TA in implementation of TB\HIV\MDR-TB control in prisons	Q4 2012 and combined with 4.1.1 (1st visit)	Completed	6-20 April 2013		
4	KNCV	2.2.1	Sang Jae Kim, Emeritus director, Korean Institute of TB, Korea - Senior laboratory consultant	Provide TA in development and implementation of related guidelines, SOPs, training materials, ... and trainings	Q2 2013	Completed	August 11-17		
5	KNCV	3.2.4	Franco Ramoso - TBIC consultant	Provide TA on implementation of TBIC facility plans	Q2/3 2013	Cancelled			
6	KNCV	4.1.1 (1st visit)	Agnes Gebhard - KNCV senior consultant	Provide TA for PMDT implementation and scale up and general backstopping project	Q2 2013	Completed	18-23 November 2012		
7	KNCV	4.1.1 (2nd visit)	Agnes Gebhard - KNCV senior consultant	Provide TA for PMDT implementation and scale up and general backstopping project	Q3 2013	Completed	August 24-31, 2013		
8	KNCV	7.1.2 (1st visit)	Nico Kalisvaart - KNCV surveillance consultant	Provide TA for development of VITIMES with linkage of e-TB manager	Q4 2012	Completed	17-23 March 2013		
9	KNCV	7.1.2 (2nd visit)	Nico Kalisvaart - KNCV surveillance consultant	Provide TA for development of VITIMES with linkage of e-TB manager	Q2 2013	Completed	Sep 9-13, 2013		

10	KNCV	7.3.1 (1 visit)	Edine Tiemersma - KNCV research consultant	Provide TA to all ORs of the project including design, data collection, validation, analysis of results, publication for TB and TB/HIV program development, evaluation of new diagnostics, TBIC.	Q1 2013	Completed	18-23 March 2013	
11	KNCV	7.3.1 (2nd visit)	Edine Tiemersma - KNCV research consultant	Provide TA to all ORs of the project including design, data collection, validation, analysis of results, publication for TB and TB/HIV program development, evaluation of new diagnostics, TBIC.	Q3 2013	Cancelled		Cancelled due to delay in the implementation of Operational research in NTP
12	MSH	MSH Staffing & operations	Pedro Suarez	Overall technical oversight and project supervision	Q4 2013	Cancelled		This STTA will be postponed to APA 4
13	MSH	MSH Staffing & operations	Catherine Mundy	Technical oversight and supervision to lab component	Q4 2013	Cancelled		This STTA will be postponed to APA 4
14	MSH	4.1.4	Joel Keravec	Support eTBM implementation	Q2 2013	Completed	6-20 April 2013	Field visits to Hanoi Lung hospital, PNT hospital, Binh Thuan, Da Nang and K-74
15	MSH	4.1.4	Luiz Reciolino	Support eTBM implementation	Q1 2013	Completed	5-14 December 2012	Field visits to PNT hospital, Can Tho, Da Nang and K-74
16	MSH	7.3.4	Andy Barraclough	International consultant to conduct supply chain assessment	Q2	Completed	8-12 Jul 2013 22-26 Jul 2013 26-30 Aug 2013	
17	MSH	8.1.4	Andy Barraclough	Support capacity building with supply chain management	Q3,4 2013	Cancelled		MSH local staffs incharge of this activity instead of STTA
18	WHO	6.1.4	Dr Hara PATH	ACSM workshops	Q1 2013	Completed	08 March 2013	
19	WHO	6.2.2	TBD	GMP Assessment	Q3 2013	Postponed	Q4 2013	Postponed to November 2013
20	WHO	6.2.2	TBD	Develop framework for quality circles	Q2 2013	Completed	Q3 2013	
21	WHO	6.2.3	HQ-QSM	Advocacy for GMP	Q2 2013	Completed	Q3 2013	
22	KNCV	KNCV S&O	Joke Langbroek	Management support	Q3 2013	Cancelled		
23	KNCV	KNCV S&O	Fenneke Pak	Project Management Support	Q3 2013	Cancelled		


24	KNCV	KNCV S&O	Inge Sasburg	Internal Audit	Q4 2012	Completed	5-9 November 2012		
25	KNCV	KNCV S&O	Luician Roester	Internal Audit	Q2 2013	Completed	Apr 5-7, 2013		
Total number of visits conducted (cumulative for fiscal year)						17			
Total number of visits planned in workplan						25			
Percent of planned international consultant visits conducted						68%			

Quarterly Photos (as well as tables, charts and other relevant materials)

Phát hiện sớm VÀ PHÒNG BỆNH LAO CHO TRẺ EM

TRẺ EM CÓ NGUY CƠ MẮC BỆNH LAO KHI

- Trẻ sống cùng nhà với người mắc bệnh lao phổi.
- Trẻ có HIV.
- Trẻ suy dinh dưỡng.
- Trẻ sống trong môi trường ô nhiễm, nhà ở không thông thoáng.



KHI TRẺ EM CÓ MỘT TRONG CÁC TRIỆU CHỨNG NGHI MẮC BỆNH LAO NHƯ:

- Ho, thở khò khè dai dẳng được điều trị bằng kháng sinh không khỏi.
- Sốt kéo dài.
- Sút cân hoặc không tăng cân.
- Đổ mồ hôi ban đêm,...

Hãy chuyển trẻ đến Tổ chống lao quận/huyện để khám và điều trị bệnh lao miễn phí.

PHÒNG BỆNH LAO CHO TRẺ EM BẰNG CÁCH:

- Tiêm vắc xin phòng bệnh lao cho trẻ sơ sinh.
- Điều trị dự phòng bằng Rimifon cho trẻ em dưới 5 tuổi và trẻ em có HIV sống cùng người mắc bệnh lao phổi, ngay từ khi các cháu còn chưa mắc bệnh lao.



USAID TB CARE I KNCV TB ERAD FUNDATION To eliminate TB

BỆNH LAO VÀ SỰ LÂY TRUYỀN


Bệnh lao do vi khuẩn lao gây ra. Vi khuẩn lao xâm nhập cơ thể theo đường hô hấp nên chủ yếu gây bệnh lao ở phổi.

Người mắc bệnh lao phổi khi ho, hắt hơi làm bắn vào không khí những hạt nước bọt nhỏ li ti có chứa vi khuẩn lao, những người xung quanh hít phải sẽ bị nhiễm lao.

Trẻ em nhỏ sống cùng nhà với người mắc bệnh lao phổi sẽ bị nhiễm lao và có nguy cơ cao phát triển thành bệnh lao nếu trẻ không được uống thuốc dự phòng.

NHỮNG TRẺ DỄ BỊ MẮC BỆNH LAO

1. Trẻ em sống cùng nhà với người mắc bệnh lao phổi, đặc biệt là trẻ em dưới 5 tuổi.
2. Trẻ em có HIV.
3. Trẻ em bị suy dinh dưỡng.
4. Trẻ em phải sống trong môi trường ô nhiễm, nhà ở không thông thoáng.



NHỮNG DẤU HIỆU NGHI TRẺ BỊ MẮC BỆNH LAO

Khi trẻ em (đặc biệt là những trẻ sống cùng nhà với người mắc bệnh lao phổi) có một trong các dấu hiệu như sau:

- Ho, thở khò khè dai dẳng được điều trị bằng kháng sinh không khỏi hoặc khỏi nhưng rất nhanh bị lại.
- Sút cân hoặc không tăng cân.
- Sốt dai dẳng.
- Đổ mồ hôi ban đêm,...

Trước hết hãy đưa trẻ đến trạm y tế xã/phường đăng ký để được chuyển đến cơ sở chống lao quận/huyện khám phát hiện và điều trị bệnh lao miễn phí.




ĐIỀU TRỊ BỆNH LAO CHO TRẺ EM

- Bệnh lao ở trẻ em được phát hiện sớm, điều trị đúng hướng dẫn của Chương trình Chống lao Quốc gia sẽ khỏi bệnh hoàn toàn.
- Trẻ có thể điều trị ngoại trú tại nhà.
- Trong quá trình điều trị, trẻ có thể vẫn đi học, vui chơi và sinh hoạt bình thường.
- Hầu hết trẻ em bị bệnh lao không phải là nguồn lây bệnh cho người khác.




DỰ PHÒNG BỆNH LAO BẰNG THUỐC RIMIFON

- Đối tượng cần uống thuốc Rimifon dự phòng bệnh lao là trẻ em dưới 5 tuổi sống cùng nhà với người mắc bệnh lao phổi và trẻ em có HIV từ 0-14 tuổi, khi xác định các cháu chưa mắc lao.
- Dự phòng bằng thuốc Rimifon để giảm nguy cơ mắc bệnh lao cho trẻ.
- Để dự phòng đạt hiệu quả cao phải uống thuốc Rimifon đều hàng ngày, đúng liều lượng trong 6 tháng liên tục.
- Dự phòng lao bằng thuốc Rimifon rất an toàn.



PHÒNG BỆNH LAO CHO TRẺ EM

- Tiêm vắc xin phòng bệnh lao cho trẻ sơ sinh theo chương trình Tiêm chủng mở rộng. Không tiêm phòng lao cho trẻ em có HIV.
- Cho trẻ em thuộc đối tượng cần dự phòng uống thuốc Rimifon theo chỉ dẫn của cán bộ chống lao.
- Nuôi dưỡng và chăm sóc trẻ tốt, không để trẻ bị suy dinh dưỡng.
- Tạo cho trẻ môi trường sống sạch sẽ, vệ sinh tốt, nhà ở thông thoáng.



QUY TRÌNH KHÁM CHỮA BỆNH LAO

Trẻ em có dấu hiệu nghi lao

Trẻ em sống trong gia đình có người mắc bệnh lao phổi

TRẠM Y TẾ

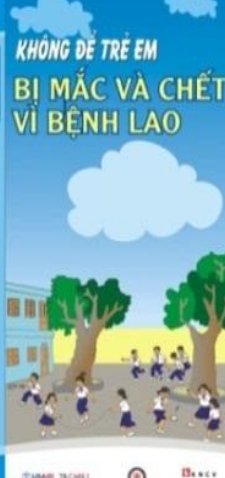
- Đăng ký sàng lọc lao.
- Chuyển trẻ nghi lao lên huyện trên khám phát hiện bệnh lao.

Chuyển trẻ mắc lao về theo dõi điều trị tại Trạm y tế xã/phường

TỔ CHỐNG LAO QUẬN/HUYỆN HOẶC BỆNH VIỆN LAO VÀ BỆNH PHỔI TỈNH

- Khám phát hiện bệnh lao
- Chẩn đoán và điều trị

KHÔNG ĐỂ TRẺ EM BỊ MẮC VÀ CHẾT VÌ BỆNH LAO



12,750 posters (left) and 554,400 leaflets (above) on childhood TB have been printed and widely available to provincial and district levels of 25 provinces



Monitoring mission visit of the management TB in children by of Prof. Steve Graham in Bach mai Commune Health Center, Hai Ba Trung District, Hanoi (left) and in the Pediatrics Department of Thai binh provincial Hospital TB and Lung Disease (right), in August 2013



Training on bio-safety practice and lab management in Binh thuan provincial Hospital of TB and Lung Disease Hospitals (left) and Tien Giang (right), in July 2013



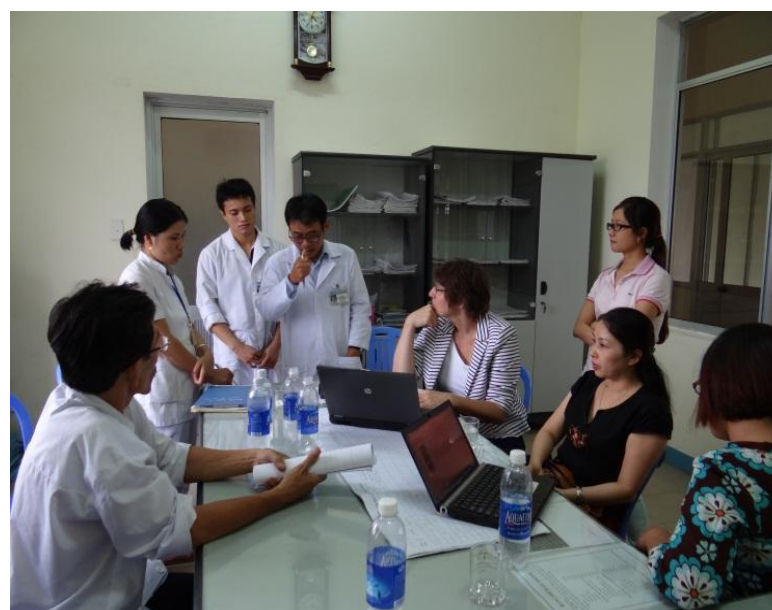
Monitoring mission visit of laboratory strengthening area by of Dr. Sang Jea Kim, senior lab consultant, in Districts No. 5, No. 10 and Thu Duc, HCMC in August 2013



Advanced training on GeneXpert System by Cepheid for NTP staff, September 18-20, 2013, in HCMC



Sputum collection area renovated in Da nang Provincial Hospital of TB and Lung Disease



Training on PMDT (left) and monitoring of PMDT activities in Da Nang (right) during the mission of Dr. Agnes Gebhard, KNCV senior consultant, in August 2013

4 ĐIỀU NGƯỜI BỆNH LÃO CẦN LÀM ĐỂ BẢO VỆ NGƯỜI THÂN VÀ CỘNG ĐỒNG

Đeo khẩu trang khi tiếp xúc với người khác khi còn đang điều trị.

1.



2.

Che miệng, mũi bằng khăn, giấy mềm hoặc bằng cánh tay áo khi ho, khi hắt hơi.



Khắc nhỏ đờm vào khăn giấy hoặc cốc giấy rồi bỏ vào thùng rác hoặc đốt đi.

3.



4.

Rửa tay thường xuyên bằng xà phòng để giữ bàn tay luôn sạch.



BỆNH LÃO LÀ GÌ ?	NGUỒN LÂY TRUYỀN BỆNH LÃO:	BỆNH LÃO LÀ BỆNH CHƯA ĐƯỢC!
<ul style="list-style-type: none"> Bệnh lao là bệnh lây nhiễm, do vi khuẩn lao gây ra. Bệnh lao dễ lây từ người bệnh sang người lành qua đường không khí. Bệnh lao không phải là bệnh di truyền. 	<ul style="list-style-type: none"> Nguồn lây bệnh lao là người bệnh lao phổi. Người bệnh lao phổi phát tán vi khuẩn lao vào không khí khi ho khạc đờm, khi hắt hơi, khi nói chuyện, những người xung quanh hít phải vi khuẩn lao đó nên bị nhiễm lao. Một người bệnh lao phổi khi chưa điều trị hoặc điều trị không khỏi bệnh sẽ lây bệnh cho 10 đến 15 người khác trong 1 năm. 	<p>Bệnh lao hoàn toàn có thể chữa khỏi khi người bệnh tuân thủ ĐÚNG 4 NGUYÊN TẮC ĐIỀU TRỊ SAU:</p> <ul style="list-style-type: none"> Uống đủ các loại thuốc chống lao theo phác đồ. Uống thuốc đúng liều. Uống thuốc đều hàng ngày. Uống thuốc đủ thời gian quy định (ít nhất là 6 tháng liên tục). <p>Người bệnh lao phổi AFB(+) cần làm xét nghiệm đờm theo dõi sau 2 tháng, 4 tháng và 6 tháng điều trị. Người bệnh lao phổi AFB(-) xét nghiệm lại đờm sau 2 tháng, 5 tháng điều trị.</p>

CHỮA BỆNH LÃO KHÔNG ĐÚNG SẼ LÀM CHO VI KHUẨN LAO KHÁNG THUỐC	NHỮNG ĐIỀU NGƯỜI BỆNH LÃO CẦN LÀM ĐỂ BẢO VỆ NGƯỜI THÂN VÀ CỘNG ĐỒNG	NHỮNG ĐIỀU NGƯỜI BỆNH LÃO CẦN BIẾT, CẦN LÀM ĐỂ BẢO VỆ NGƯỜI THÂN VÀ CỘNG ĐỒNG!
<p>Chữa bệnh lao không đúng nghĩa là không tuân thủ 4 nguyên tắc điều trị sẽ dẫn đến mắc BỆNH LÃO KHÁNG THUỐC.</p> <p>BỆNH LÃO KHÁNG THUỐC rất nguy hiểm vì:</p> <ul style="list-style-type: none"> Chưa tốn tiền gấp hàng trăm lần bệnh lao không kháng thuốc. Thời gian chữa kéo dài từ 18 - 24 tháng. Thuốc điều trị có nhiều tác dụng phụ gây mệt mỏi, khó chịu. Tỷ lệ chữa khỏi bệnh thấp, nguy cơ gây tử vong cao. <p>Người bệnh lao hãy luôn luôn ghi nhớ phải tuân thủ đúng 4 nguyên tắc điều trị bệnh lao.</p>	<ol style="list-style-type: none"> Điều trị tích cực, tuân thủ 4 nguyên tắc điều trị bệnh lao. Đeo khẩu trang khi tiếp xúc với người khác trong thời gian đang điều trị. Che miệng, mũi bằng khăn, giấy mềm hoặc bằng cánh tay áo khi ho, khi hắt hơi. Khắc nhỏ đờm vào khăn giấy hoặc cốc giấy rồi bỏ vào thùng rác hoặc đốt đi. Rửa tay thường xuyên bằng xà phòng để giữ bàn tay luôn sạch sẽ. Nên ngủ riêng phòng khi đang điều trị, phòng ở cần luôn luôn thông thoáng. 	<p>ĐỂ BẢO VỆ NGƯỜI THÂN VÀ CỘNG ĐỒNG!</p> <p>TẮM XÀ HỒI CHUNG TAY PHÒNG CHỐNG BỆNH LÃO</p>

28,350 posters and 1,301,200 leaflets on TBIC have been printed and distributed widely to TB control units at provincial, district and commune level across the nation

Quarterly Report on Global Fund Engagement

Country	Vietnam	Period	July-September 2013
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Current Global Fund TB Grants				
Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Round 9	B1	B1	\$16.9M	\$16.1M
Round 6	A2	A1	\$13.5M	\$11.8M
Round 1	N/A	N/A	\$5.4M	\$5.4M

*Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks

The Phase 2 grant was signed in April 2013. Total amount Phase 2; 36 million.
 Vietnam TB is interim applicant under the new funding model with a top-up amount of \$ 7 million, to be spent in 2014/15 (subject to NTP planning). A concept note must be submitted by August 15, 2013. NTP is in discussion within units and with partners what are the priorities:
 potentially: MDR-TB strengthening, surveillance, roll-out of 6 month regimen
 A review and update of the National Strategic Plan (NSP) 2015-2020 vision 2030 must be completed by Q4 2013 to be well prepared for the NFM

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work

TA from TB CARE I partners (KNCV, MSH, WHO) is necessary to review and update the NSP.
 WHO is coordinating the TA.
 WHO is member of CCM and member of oversight committee
 TB CARE I activities are aligned with GF, there are continuous coordination activities.